

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

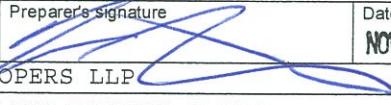
A For the 2017 calendar year, or tax year beginning		, 2017, and ending		, 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization MYWIRELESS.ORG  <b>D</b> Employer identification number 20-2404168			
<b>E</b> Doing business as ACTWIRELESS  <b>F</b> Number and street (or P.O. box if mail is not delivered to street address) 1400 16TH STREET NW  <b>G</b> Room/suite 600  <b>H</b> City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036  <b>I</b> Gross receipts \$ 1,263,675.		<b>J</b> Telephone number (202) 736-3200			
<b>K</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527		<b>L</b> Website: ► <a href="http://WWW.ACTWIRELESS.ORG">WWW.ACTWIRELESS.ORG</a>		<b>M</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>N</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>O</b> Year of formation: 2005		<b>P</b> State of legal domicile: DC	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Expenses	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	3 .
Net Assets or Fund Balances	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	0 .
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	5	0 .
	6 Total number of volunteers (estimate if necessary) . . . . .	6	0 .
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0 .
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0 .
	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	649,271. 1,241,421.		
	9 Program service revenue (Part VIII, line 2g) . . . . .	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0.	22,254.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	649,271.	1,263,675.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	385,000.	514,900.
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	258,738.	746,976.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	643,738.	1,261,876.
	19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	5,533.	1,799.
	20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	4,358,822. 4,350,222.		
	21 Total liabilities (Part X, line 26) . . . . .	20,172.	11,532.
	22 Net assets or fund balances. Subtract line 21 from line 20. . . . .	4,338,650.	4,338,690.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► 	Signature of officer		Date 11/13/18
	MEREDITH ATTWELL BAKER		BOARD CHAIRWOMAN	
► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TRAVIS L PATTON	Preparer's signature 	Date NOV 13 2018	Check <input type="checkbox"/> if self-employed PTIN P00369623
Firm's name ► PRICEWATERHOUSECOOPERS LLP		Firm's EIN ► 13-4008324		
Firm's address ► 600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005		Phone no. 202-414-1000		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>MYWIRELESS.ORG</b>	Employer identification number (EIN) or <b>20-2404168</b>
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 16TH STREET, NW</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **THE ASSOCIATION**Telephone No. ► **(202) 736-3200**

Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . ►  . If it is for part of the group, check this box . . . . ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year **2017** or►  tax year beginning **, 20**, and ending **, 20**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

**3a** \$ **N/A**

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

**3b** \$ **N/A**

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**3c** \$ **N/A**

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:  
ATTACHMENT 1

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:       ) (Expenses \$ 669,786, including grants of \$ 0) (Revenue \$ 0)

COALITION BUILDING - THROUGH ADVOCACY OUTREACH CHANNELS DURING 2017 MYWIRELESS.ORG ADDED A NUMBER OF NEW INDIVIDUAL WIRELESS CONSUMERS TO ITS DATABASE, AND MAINTAINED PAST THIRD PARTY RELATIONSHIPS WHILE ENLISTING THE SUPPORT OF SEVERAL NEW NATIONAL AND STATE ORGANIZATION COALITION PARTNERS. AT THE END OF 2017 MYWIRELESS.ORG HAD WORKED ON LEGISLATIVE ISSUE EFFORTS WITH STATE AND NATIONAL COALITION PARTNERS, WHILE KEEPING AMERICAN WIRELESS CONSUMERS INFORMED OF ISSUES AFFECTING THEM.

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4b (Code:       ) (Expenses \$ 552,556, including grants of \$ 517,000) (Revenue \$ 0)

FEDERAL ISSUES - MYWIRELESS.ORG REACHED OUT TO NATIONAL ORGANIZATIONS AND CONSUMER ACTIVISTS ACROSS THE COUNTRY THROUGH MULTIPLE ONLINE ADVOCACY AND MEDIA SOURCES ON ISSUES AFFECTING WIRELESS CONSUMERS ON THE FEDERAL LEVEL, REQUESTING THAT THEY CONTACT THEIR NATIONALLY ELECTED POLICYMAKERS, RESULTING IN PHONE, EMAIL AND LETTER CONTACTS TO THOSE NATIONALLY ELECTED POLICYMAKERS.

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4c (Code:       ) (Expenses \$       , including grants of \$       ) (Revenue \$       )

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4d Other program services (Describe in Schedule O.)

(Expenses \$       , including grants of \$       ) (Revenue \$       )

4e Total program service expenses ► 1,222,342.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .	11c	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	29	X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	31	X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	32	X
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	33	X
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	34	X
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	15
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0.
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	0.
2b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
3b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	3b	
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
	b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
5c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a	X
6b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	
d	d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a	
a	a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
a	a Gross income from members or shareholders. . . . .	11a	
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c	c Enter the amount of reserves on hand . . . . .	13c	
14a	<b>Did the organization receive any payments for indoor tanning services during the tax year?</b> . . . . .	14a	X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . .

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	3
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6	Did the organization have members or stockholders? . . . . .	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body? . . . . .	8b	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	13	X
13	Did the organization have a written whistleblower policy? . . . . .	14	X
14	Did the organization have a written document retention and destruction policy? . . . . .	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official . . . . .	16a	X
b	Other officers or key employees of the organization . . . . .	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 

<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
--------------------------------------	--	--	--
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
MICHAEL DONNELLAN 1400 16TH STREET NW WASHINGTON, DC 20036 202-736-3200

**Part VI Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII. . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MEREDITH A. BAKER CHAIRWOMAN	2.00 38.00		X	X			0.	2,275,248.	587,858.
(2) BRADLEY GILLEN VICE PRESIDENT	2.00 38.00		X	X			0.	1,050,670.	72,782.
(3) KELLY COLE DIRECTOR	2.00 38.00		X				0.	538,756.	62,050.
(4) JAMIE HASTINGS PRESIDENT	2.00 38.00			X			0.	618,082.	63,584.
(5) ROCCO CARLITTI TREASURER	2.00 38.00			X			0.	638,156.	65,207.
(6) THOMAS POWER SECRETARY	2.00 38.00			X			0.	639,616.	62,897.
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	X

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►	2	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b 1,241,421.				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f . . . . . ►	1,241,421.				
<b>Program Service Revenue</b>		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
	g Total. Add lines 2a-2f . . . . . ►	0.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts). . . . . ►		22,254.		22,254.	
	4 Income from investment of tax-exempt bond proceeds . ►		0.			
	5 Royalties . . . . . ►		0.			
	6a Gross rents . . . . .	(i) Real				
	b Less: rental expenses . . . . .					
	c Rental income or (loss) . . . . .					
	d Net rental income or (loss) . . . . . ►		0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis and sales expenses . . . . .						
c Gain or (loss) . . . . .						
d Net gain or (loss) . . . . . ►		0.				
8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . . a						
b Less: direct expenses . . . . . b						
c Net income or (loss) from fundraising events. . . . . ►		0.				
9a Gross income from gaming activities. See Part IV, line 19 . . . . . a						
b Less: direct expenses . . . . . b						
c Net income or (loss) from gaming activities. . . . . ►		0.				
10a Gross sales of inventory, less returns and allowances . . . . . a						
b Less: cost of goods sold . . . . . b						
c Net income or (loss) from sales of inventory. . . . . ►		0.				
11a Miscellaneous Revenue	Business Code					
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . . ►	0.					
12 Total revenue. See instructions. . . . . ►	1,263,675.				22,254.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	514,900.	514,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,845.		1,845.	
c Accounting . . . . .	16,050.		16,050.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17. . . . .	0.			
f Investment management fees . . . . .	2,448.		2,448.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	25,000.	25,000.		
12 Advertising and promotion . . . . .	227,415.	227,415.		
13 Office expenses . . . . .	3,593.		3,593.	
14 Information technology . . . . .	45,043.	45,043.		
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	13,206.	10,556.	2,650.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	12,948.		12,948.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMAIL ACQUISITIONS	399,428.	399,428.		
b _____				
c _____				
d _____				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e	1,261,876.	1,222,342.	39,534.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. 

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing . . . . .	100,000.	1 100,000.
	2 Savings and temporary cash investments . . . . .	4,250,150.	2 2,222,097.
	3 Pledges and grants receivable, net . . . . .	0.	3 0.
	4 Accounts receivable, net . . . . .	0.	4 23,953.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5 0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	6 0.
	7 Notes and loans receivable, net . . . . .	0.	7 0.
	8 Inventories for sale or use . . . . .	0.	8 0.
	9 Prepaid expenses and deferred charges . . . . .	8,672.	9 10,080.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	
	b Less: accumulated depreciation . . . . .	10b	0.
	11 Investments - publicly traded securities . . . . .	0.	11 1,994,092.
	12 Investments - other securities. See Part IV, line 11 . . . . .	0.	12 0.
	13 Investments - program-related. See Part IV, line 11 . . . . .	0.	13 0.
	14 Intangible assets . . . . .	0.	14 0.
	15 Other assets. See Part IV, line 11 . . . . .	0.	15 0.
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	4,358,822.	16 4,350,222.
Liabilities	17 Accounts payable and accrued expenses . . . . .	19,154.	17 11,310.
	18 Grants payable . . . . .	0.	18 0.
	19 Deferred revenue . . . . .	0.	19 0.
	20 Tax-exempt bond liabilities . . . . .	0.	20 0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21 0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22 0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23 0.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24 0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,018.	25 222.
	26 Total liabilities. Add lines 17 through 25 . . . . .	20,172.	26 11,532.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets . . . . .	4,338,650.	27 4,338,690.
	28 Temporarily restricted net assets . . . . .	0.	28 0.
	29 Permanently restricted net assets . . . . .	0.	29 0.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	4,338,650.	33 4,338,690.
	34 Total liabilities and net assets/fund balances . . . . .	4,358,822.	34 4,350,222.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,263,675.
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,261,876.
3 Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	1,799.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	4,338,650.
5 Net unrealized gains (losses) on investments . . . . .	5	-1,759.
6 Donated services and use of facilities . . . . .	6	0.
7 Investment expenses . . . . .	7	0.
8 Prior period adjustments . . . . .	8	0.
9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	4,338,690.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

Form 990 (2017)

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public  
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
MYWIRELESS.ORG	20-2404168

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ► \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .
- 4a Was a correction made? . . . . .
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ►  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
d	Other exempt purpose expenditures . . . . .														
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers? . . . . .				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .				
c Media advertisements? . . . . .				
d Mailings to members, legislators, or the public? . . . . .				
e Publications, or published or broadcast statements? . . . . .				
f Grants to other organizations for lobbying purposes? . . . . .				
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .				
i Other activities? . . . . .				
j Total. Add lines 1c through 1i . . . . .				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .				
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .				

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2	X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	3	X	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members . . . . .	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year . . . . .	2b	
b Carryover from last year. . . . .	2c	
c Total. . . . .	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	5	
5 Taxable amount of lobbying and political expenditures (see instructions) . . . . .		

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV** Supplemental Information (continued)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

MYWIRELESS.ORG

**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

20-2404168

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . . .		
4 Aggregate value at end of year. . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a	
b Total acreage restricted by conservation easements . . . . .	2b	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. . . . .	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1. . . . . ► \$
(ii) Assets included in Form 990, Part X. . . . . ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1. . . . . ► \$
b Assets included in Form 990, Part X. . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA  
7E1268 2,000

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ►

**Part VI Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATE	222.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 222.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII  X

Schedule D (Form 990) 2017

**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	

**Part XII** **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	<u>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</u> . . . . .	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

AS PER CONSOLIDATED FINANCIAL STATEMENTS, OF WHICH MYWIRELESS.ORG IS  
REPORTED AS A SUBSIDIARY:

EFFECTIVE FOR THE YEAR ENDED DECEMBER 31, 2009, CTIA IS SUBJECT TO THE  
FINANCIAL ACCOUNTING RULES FOR ACCOUNTING FOR UNCERTAINTY IN INCOME  
TAXES. THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND  
MEASUREMENT ATTRIBUTABLE FOR THE FINANCIAL STATEMENTS OF TAX POSITIONS  
TAKEN ON CTIA'S TAX RETURN. CTIA HAS REVIEWED ALL OF ITS TAX POSITIONS  
TAKEN ON TAX RETURNS AND HAS CONCLUDED THAT NONE OF THE TAX POSITIONS  
FALL ABOVE THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD. AS A RESULT,  
NO TAX LIABILITIES ARE RECORDED FOR THE YEARS ENDED DECEMBER 31, 2017 OR  
2016 RELATED TO THIS MATTER.

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MYWIRELESS.ORG

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

20-2404168

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Part I** **General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CONSUMER INSTITUTE 1701 PENN. AVE., NW WASHINGTON, DC 20006	20-8601897	501 (C) (3)	30,000.				GENERAL SUPPORT
(2) AMERICANS FOR TAX REFORM 722 12TH ST., NW WASHINGTON, DC 20005	52-1403567	501 (C) (4)	25,000.				GENERAL SUPPORT
(3) CITIZENS AGAINST GOV'T WASTE 1301 PENN. AVE., NW WASHINGTON, DC 20004	52-1363952	501 (C) (3)	25,000.				GENERAL SUPPORT
(4) TAX FOUNDATION 1325 G STREET NW, WASHINGTON, DC 20005	52-1703065	501 (C) (3)	20,000.				GENERAL SUPPORT
(5) TAX PAYERS PROTECTION ALLIANCE 1401 K STREET NW WASHINGTON, DC 20005	45-0702828	501 (C) (4)	20,000.				GENERAL SUPPORT
(6) NATIONAL BLACK CHAMBER OF COMMERCE 4400 JENIFER ST., NW WASHINGTON, DC 20015	35-1889294	501 (C) (3)	20,000.				GENERAL SUPPORT
(7) POLITIC355, LLC 2110 N MONROE ST ARLINGTON, VA 22207	90-0544495		25,000.				GENERAL SUPPORT
(8) THE LATINO COALITION, INC. 1455 PENN. AVE. NW, WASHINGTON, DC 20004	52-2266386	501 (C) (6)	25,000.				GENERAL SUPPORT
(9) FRANKLIN CENTER FOR GOV & PUBLIC INTEGRITY 107 S WEST STREET ALEXANDRIA, VA 22314	26-4066298	501 (C) (3)	25,000.				GENERAL SUPPORT
(10) NATIONAL TAXPAYER UNION 25 MASS. AVE., NW WASHINGTON, DC 20001	52-1009116	501 (C) (4)	40,000.				GENERAL SUPPORT
(11) THE FREE STATE FOUNDATION, INC. PO BOX 60680 POTOMAC, MD 20859	74-3160646	501 (C) (3)	85,000.				GENERAL SUPPORT
(12) LISTPA 5943 JIMMY CARTER BLVD. NORCROSS, GA 30071	20-1724165	501 (C) (3)	10,000.				GENERAL SUPPORT

2 Enter total number of section 501 (C)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

MYWIRELESS.ORG

OMB No. 1545-0047  
**2017**

**Open to Public  
Inspection**

Name of the organization

MYWIRELESS.ORG

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITIZENSHIP EDUCATION FUND 930 E 50TH STREET CHICAGO, IL 60615	34-1447977	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) INFORMATION TECH & INNOVATION FOUNDATION 1101 K STREET, NW WASHINGTON, DC 20005	20-4403497	501 (C) (3)	60,000.				GENERAL SUPPORT
(3) JOINT CTR FOR POLITICAL & ECONOMIC STUDIES 633 PENNSYLVANIA AVE NW	52-1069070	501 (C) (3)	25,000.				GENERAL SUPPORT
(4) LGBT TECHNOLOGY PARTNERS PO BOX 76 LOST CITY, WV 26810	46-1684653		10,000.				GENERAL SUPPORT
(5) R STREET INSTITUTE 1050 17TH STREET NW WASHINGTON, DC 20036	26-3477125	501 (C) (3)	20,000.				GENERAL SUPPORT
(6) STATE POLICY NETWORK 1655 N. FORT MYER DR. ARLINGTON, VA 22209	57-0952531	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS NW WASHINGTON, DC 20036	53-0196577	501 (C) (3)	25,000.				GENERAL SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▲ 13.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▲ 6.

**Schedule I (Form 990) (2017)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

## PART I, LINE 2:

MYWIRELESS ONLY PROVIDES GRANT AND CONTRIBUTION ASSISTANCE TO ORGANIZATIONS WITHIN THE U.S. ANNUALLY MYWIRELESS WILL EVALUATE AN ORGANIZATION'S MISSION TO DETERMINE IF IT HAS THE SAME GOALS AND INITIATIVES AS MYWIRELESS. ORGANIZATIONS DEEMED TO BE SIMILAR IN MISSION WILL BE CONSIDERED FOR FUTURE FUNDING.

ALL GRANT ASSISTANCE NEEDS TO BE SUBSTANTIATED IN ACCORDANCE WITH THE ACCOUNTING POLICY AND PROCEDURES MANUAL. THIS POLICY REQUIRES 2 OR 3 LEVELS OF APPROVAL, DEPENDING ON THE AMOUNT INVOLVED. THE CRITERIA USED TO

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
**Part III** can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

DETERMINE GRANTEES' ELIGIBILITY FOR GRANTS OR ASSISTANCE AWARDS REQUIRES  
 RECIPIENT ORGANIZATIONS TO HAVE THE FOLLOWING:

- FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
- MUST BE IN GOOD BUSINESS STANDING
- SUPPORT GROUPS WHO HAVE LIKE MINDED VIEWS ON ISSUES THAT IMPACT THEIR  
 GENERAL MEMBERSHIP

THE SELECTION CRITERIA USED TO AWARD GRANTS OR CONTRIBUTIONS IS BASED ON  
 THE MYWIRELESS PROGRAM GOALS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

MYWIRELESS.ORG

Employer identification number

20-2404168

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as, maid, chauffeur, chef)

	Yes	No
1a		
1b		
2		

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

3		
4a		X
4b	X	
4c		X
4		

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? . . . . .

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a		X
4b	X	
4c		X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? . . . . .

b Any related organization? . . . . .

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? . . . . .

b Any related organization? . . . . .

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

## Schedule J (Form 990) 2017

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MEREDITH A. BAKER	(i) 0.	0.	0.	0.	0.	0.	0.
1CHAIRWOMAN	(ii) 1,285,248.	990,000.	0.	534,690.	53,168.	2,863,106.	0.
BRADLEY GILLEN	(i) 0.	0.	0.	0.	0.	0.	0.
2VICE PRESIDENT	(i) 654,893.	395,777.	0.	34,690.	38,092.	1,123,452.	0.
KELLY COLE	(i) 0.	0.	0.	0.	0.	0.	0.
3DIRECTOR	(i) 479,610.	59,146.	0.	34,690.	27,360.	600,806.	0.
JAMIE HASTINGS	(i) 0.	0.	0.	0.	0.	0.	0.
4PRESIDENT	(i) 485,857.	132,225.	0.	33,672.	29,912.	681,666.	0.
ROCCO CARLITTI	(i) 0.	0.	0.	0.	0.	0.	0.
5TREASURER	(i) 452,342.	185,814.	0.	34,690.	30,517.	703,363.	0.
THOMAS POWER	(i) 0.	0.	0.	0.	0.	0.	0.
6SECRETARY	(i) 474,375.	165,241.	0.	34,690.	28,207.	702,513.	0.
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

**Part II Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3:

CTIA, A RELATED ORGANIZATION, PAYS THE COMPENSATION OF MYWIRELESS.ORG'S OFFICERS AND DIRECTORS. AS SUCH, THE REVIEW OF ALL EMPLOYEE COMPENSATION IS PERFORMED BY CTIA. THE FOLLOWING ARE METHODS USED TO ESTABLISH COMPENSATION:

- BOARD CHAIRPERSON: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY AND APPROVAL BY COMPENSATION COMMITTEE.
- PRESIDENT AND DIRECTORS: COMPENSATION SURVEY

SCHEDULE J, PART I, LINE 4B:

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FROM CTIA. THE CONTRIBUTIONS ACCRUED TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION.

MEREDITH A. BAKER – \$500,000

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MYWIRELESS.ORG

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

20-2404168

**PART I, LINE 1:**

MYWIRELESS.ORG IS DEVOTED TO EDUCATING WIRELESS CONSUMERS ABOUT ISSUES  
RELEVANT TO WIRELESS TELECOMMUNICATIONS, INCLUDING THOSE RELATING TO  
PUBLIC SAFETY, TAXATION, AND THE IMPACT OF LEGISLATION AND REGULATION.

**PART VI, LINE 6:**

THE MEMBERSHIP OF THE ORGANIZATION CONSISTS OF A FOUNDING MEMBER (CTIA).  
CTIA IS INTERESTED IN EDUCATING CONSUMERS ABOUT WIRELESS  
TELECOMMUNICATION ISSUES AND SHARES THE GOALS OF THE ORGANIZATION IN  
ADVOCATING PRO-CONSUMER WIRELESS POLICIES.

**PART VI, LINE 7A:**

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP: A FOUNDING MEMBER. PURSUANT  
TO THE BYLAWS, THE FOUNDING MEMBER HAS THE RIGHT TO ELECT AND REMOVE  
DIRECTORS.

**PART VI, LINE 11B:**

THE MYWIRELESS.ORG 2017 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS  
AND REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. A COPY OF THE RETURN  
WAS PROVIDED TO MYWIRELESS.ORG BOARD OF DIRECTORS AND OFFICERS. ALL  
MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO REVIEW THE  
DOCUMENT. ALL APPROPRIATE CHANGES WERE INCORPORATED IN THE FINAL FORM  
BEFORE SUBMISSION TO THE IRS.

Name of the organization

MYWIRELESS.ORG

Employer identification number

20-2404168

## PART VI, LINE 12C:

AT THE START OF EACH FISCAL YEAR, MYWIRELESS.ORG SEEKS TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EMPLOYEES WITH DECISION-MAKING AUTHORITY OVER MYWIRELESS.ORG ACTIVITIES DISCLOSE ANY SITUATION OR AREAS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A DISCLOSURE STATEMENT DETAILING ANY PROFESSIONAL, BUSINESS, OR VOLUNTEER POSITION OR RESPONSIBILITIES THAT MIGHT GIVE RISE TO CONFLICTS. IN ADDITION, ANNUALLY MYWIRELESS.ORG REQUESTS THAT EACH BOARD MEMBER DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO SERVING ON THE BOARD OF DIRECTORS.

WHEN CONFLICTS OR POTENTIAL CONFLICTS ARISE, THEY ARE EVALUATED BY THE GENERAL COUNSEL'S OFFICE WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY. CONFLICTS ARE RESOLVED THROUGH COORDINATION WITH THE MYWIRELESS BOARD CHAIRPERSON.

## PART VI, LINE 15A:

CTIA, A RELATED ORGANIZATION PAYS THE COMPENSATION OF MYWIRELESS.ORG'S BOARD CHAIRPERSON, PRESIDENT, SECRETARY, TREASURER AND DIRECTORS. AS SUCH, THE REVIEW OF THE COMPENSATION IS PERFORMED BY CTIA. THE FOLLOWING IS CTIA'S PROCESS FOR DETERMINING COMPENSATION: CTIA'S COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF CTIA'S PRESIDENT & CEO. THE COMMITTEE MEETS ANNUALLY AND CONSISTS OF UP TO SIX INDEPENDENT BOARD MEMBERS. CTIA ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA FOR SIMILAR POSITIONS, ORGANIZATIONS AND INDUSTRY. THE DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY

Name of the organization

MYWIRELESS.ORG

Employer identification number

20-2404168

SUBSTANTIATED BY THE APPROVAL OF MINUTES WITH THE TERMS OF THE CEO'S  
COMPENSATION BEING DETAILED IN AN EMPLOYMENT CONTRACT.

FOR EMPLOYEES OTHER THAN THE PRESIDENT & CEO, CTIA PERFORMS AN ANNUAL  
MARKET ANALYSIS TO DETERMINE IF COMPENSATION IS COMPARABLE TO SIMILAR  
ORGANIZATIONS AND INDUSTRIES.

PART VI, LINE 19:

MYWIRELESS.ORG MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY  
AND FINANCIAL STATEMENTS AVAILABLE TO ITS MEMBER; HOWEVER IT DOES NOT  
PROVIDE THIS INFORMATION TO THE GENERAL PUBLIC.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MYWIRELESS.ORG IS DEVOTED TO GRASSROOTS ADVOCACY EFFORTS TO IDENTIFY,  
EDUCATE AND PERSUADE MOBILE WIRELESS CONSUMERS TO CONTACT  
POLICYMAKERS ON WIRELESS TELECOMMUNICATION MATTERS THAT AFFECT THEM  
AS CONSUMERS. TO ACCOMPLISH ITS MISSION THE ORGANIZATION MAINTAINS AN  
INFORMATIONAL WEBSITE DEDICATED TO WIRELESS TELECOMMUNICATION ISSUES,  
DEVELOPS A NETWORK OF BUSINESS, CIVIC AND OPINION LEADERS TO ADDRESS  
ISSUES IN WIRELESS TELECOMMUNICATIONS POLICY, MAINTAINS A BROAD  
COALITION OF CONSUMER ALLIES ORGANIZED AROUND COMMON GOALS AND  
RECRUITS CONSUMER ALLIES TO DISSEMINATE INFORMATION AND MAINTAIN A  
STRONG CONSUMER ACTIVIST MOVEMENT.

ATTACHMENT 2

Name of the organization

MYWIRELESS.ORG

Employer identification number

20-2404168

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ANNE LEWIS STRATEGIES LLC 1140 19TH ST. NW SUITE 300 WASHINGTON, DC 20036	CONSULTANT	210,000.
ACQUIRE DIGITAL 512A EAST IRIS DR. NASHVILLE, TN 37204	CONSULTANT	111,000.

**SCHEDULE R**  
**(Form 990)**
**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.
 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 MYWIRELESS.ORG

 OMB No. 1545-0047  
**2017**
**Open to Public  
Inspection**

Name of the organization

MYWIRELESS.ORG

Employer identification number

20-2404168

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) THE WIRELESS FOUNDATION 1400 16TH STREET NW	52-1708229	WASHINGTON, DC 20036	CHARITBL SUPT DC	501 (C) (3)	12; TYPE II CTIA	Yes X
(2) CTIA - THE WIRELESS ASSOCIATION 1400 16TH STREET NW	52-1347628	WASHINGTON, DC 20036	TRADE ASSOCN DC	501 (C) (6)	CTIA	No X
(3)						
(4)						
(5)						
(6)						
(7)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate distributions?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
  - b Gift, grant, or capital contribution to related organization(s) . . . . .
  - c Gift, grant, or capital contribution from related organization(s) . . . . .
  - d Loans or loan guarantees to or for related organization(s) . . . . .
  - e Loans or loan guarantees by related organization(s) . . . . .
  - f Dividends from related organization(s) . . . . .
  - g Sale of assets to related organization(s) . . . . .
  - h Purchase of assets from related organization(s) . . . . .
  - i Exchange of assets with related organization(s) . . . . .
  - j Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  - k Lease of facilities, equipment, or other assets from related organization(s) . . . . .
  - l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
  - m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
  - o Sharing of paid employees with related organization(s) . . . . .
  - p Reimbursement paid to related organization(s) for expenses . . . . .
  - q Reimbursement paid by related organization(s) for expenses . . . . .
  - r Other transfer of cash or property to related organization(s) . . . . .
  - s Other transfer of cash or property from related organization(s) . . . . .

- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI****Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

JSA

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.